

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

09/980376

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		/							
2		/					52		/							
3		/					53		/							
4		/					54		/							
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43		/					93		/							
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47		/					97		/							
48		/					98		/							
49		/					99		/							
50		/					100		/							
TOTAL	1						TOTAL									
TOTAL	94						TOTAL									
TOTAL	95						TOTAL									
TOTAL							TOTAL									

Best Available Copy